T. PLACE OF DEATH a. COUNTY D. CITY (If contacts corporate limits, with RURAL and give cowards) OR COUNTY St. LOUIS D. CITY (If contacts corporate limits, with RURAL and give cowards) OR COUNTY St. LOUIS D. CITY (If contacts corporate limits, with RURAL and give cowards) OR St. LOUIS D. CITY (If contacts compress limits, with RURAL and give cowards) OR St. LOUIS D. CITY (If contacts compress limits, with RURAL and give cowards) D. CITY (If contacts compress limits, with RURAL and give cowards) OR STREET OR CITY (If contacts compress limits, with RURAL and give compress limits, with Rural Rural and give compress limits, with Rural	FILED DEC 8 1950	THE DIVISION OF HE			ვიეიი
1. PLACE OF DEATH a. COUNTY D. CITY (If owinds corporate limits, write RUBAL and give to considerate) D. CITY (If owinds corporate limits, write RUBAL and give to considerate) TOWN St. LOUIS G. FULL NAME OF (If not to bought or isosticulor, city event address of consideration of consideration of the consideration of considera	HLED DEC 8 1950	STANDARD CERTIF	ICATE OF DEATH	State File No	・ソンしいノン ****オヤヤッチ・荒…
2 USUAL RESIDENCE (Where demands three, it is northerness. Transferome Materials. COUNTY (If sounded corporate limits, write RURAL and give conditions).	BIRTH NO	_ REG. DIST. NO318_	PRIMARY REG. DIST. NO.	003 Registrar's No.	よいいなう
D. CITY of counted components limits, write BURAL and give convented of Control of STAY (in this picture) OR OTHER SCRIPTION LULIS d. FULL NAME OF (if not is bacylate or insultables, give circuit address or iconation) d. FULL NAME OF (if not is bacylate or insultables, give circuit address or iconation) S. NAME OF (if not is bacylate or insultables, give circuit address or iconation) S. NAME OF (if not is bacylate or insultables, give circuit address or iconation) S. SEX S. COLOR OR RACE 7. MARRIED NOORA ******** SUITT DEATH Nov. 24, 17950 S. SEX S. COLOR OR RACE 7. MARRIED NOORAD (insultable) Married 190. KIND OF BUSINESS OR IN. HOUSEPH (if not is back of circuit in the circuit i			2. USUAL RESIDENC	E (Where deceased lived. If in	nitution: residence before admission).
OF TOWN St. Louis CFULL NAME OF (if not the hospital or insultations, eign stress address or ionation) STATUTION Lutther an Hospital ADDRESS 3449 S. 274 (Month) DECEASED (Type or Print) NORA **** S. EX R. COLOR OR RACE T. MARRICD, NEVER NARRICD, MIDOWED, DIVORCED (Speedby) HOUSEWITE 100. LUSUAL OCCUPATION Clove stand of roats HOUSEWITE 101. SUAL OCCUPATION Clove stand of roats HOUSEWITE 102. SUAL OCCUPATION Clove stand of roats HOUSEWITE 103. MONTHER'S MADDEE SO RIN. DUSTRY HOUSEWITE 104. NONTHER'S MADDEE SO RIN. DUSTRY MISSOURI 105. MONTHER'S MADE SO RIN. DUSTRY MISSOURI 106. SUAL OCCUPATION Clove stand of roats 107. NONTHER'S MADDEE AND RIN. DUSTRY HOUSEWITE 108. SUAL OCCUPATION Clove stand of roats 109. NONTHER'S MADDEE AND RIN. DUSTRY MISSOURI 109. NONTHER'S MADDEATH 109. NONTHER'S MADDEE AND RIN. DUSTRY MISSOURI 109. NONTHER'S MADDEE AND RIN. DUSTRY MISSOURI 109. NONTHER'S MADDEATH 100. SCIAL SECURITY TO INFORMANT'S SIGNATURE OR NAME COOLING OR NAME COOLING OR NAME GEORGE SULT 3/4/9 S. 2nd Street St. Louis M. DONN DRECTANDED HOUSE AND RIN. DREC	h TITY (Manually and the Material Mater	TITELT TO LENGTH OF			
*** NAME OF A. (First)	TOWN St. Louis	township) STAY (in this place)	di OR	-	249
3. NAME OF DECEASED (Type or Print) (DECEASED (DECEASED (Type or Print) (DECEASED (DECEA	HUSPITAL UK		II TANDRESS		0
Type or Print NORA ***** SUTT DEATH NOV. 24, 1950				4. DATE (Month)	(Day) (Year)
5. SEX 5. COLOR OR RACE 7. MARRIED, NEVER MARRIED, MUDOWED DIVORCED (Speats) 5. MATE OF BIRTH 1. MARRIED, MUDOWED DIVORCED (Speats) 5. MATE OF BIRTH 1. MARRIED, MUDOWED DIVORCED (Speats) 5. MATE OF BIRTH 1. MARRIED, MUDOWED DIVORCED (Speats) 5. MATE OF BIRTH 1. MARRIED, MUDOWED DIVORCED (Speats) 5. MATE OF BIRTH 1. MARRIED, MUDOWED DIVORCED (Speats) 5. MATE OF BIRTH 1. MARRIED, MUDOWED DIVORCED (Speats) 5. MATE OF BIRTH 1. MARRIED, MUDOWED DIVORCED (Speats) 5. MATE OF BIRTH 1. MARRIED, MUDOWED DIVORCED (Speats) 6. MATE OF BIRTH 1. MARRIED, MUDOWED DIVORCED (Speats) 6. MATE OF BIRTH 1. MARRIED, MONTAN DIVORCED (Speats) 6. MATE OF BIRTH 1. MARRIED, MONTAN DIVORCED (Speats) 6. MATE OF BIRTH 1. MARRIED, MONTAN DIVORCED (Speats) 6. MATE OF BIRTH 1. MARRIED, MONTAN DIVORCED (Speats) 6. MATE OF BIRTH 1. MARRIED, MONTAN DIVORCED (Speats) 6. MATE OF BIRTH 1. MARRIED, MONTAN DIVORCED (Speats) 6. MATE OF BIRTH 1. MARRIED, MONTAN DIVORCED (Speats) 6. MATE OF BIRTH 1. MARRIED, MONTAN DIVORCED (Speats) 6. MATE OF BIRTH 1. MARRIED, MONTAN DIVORCED (Speats) 6. MATE OF BIRTH 1. MARRIED, MONTAN DIVORCED (Speats) 6. MATE OF BIRTH 1. MARRIED, MONTAN DIVORCED (Speats) 6. MATE OF BIRTH 1. MARRIED, MONTAN DIVORCED (Speats) 6. MATE OF BIRTH 1. MARRIED, MONTAN DIVORCED (Speats) 6. MATE OF BIRTH 1. MARRIED, MONTAN DIVORCED (Speats) 1. MARRIED, MONTAN DIVORCED (Speats		****	SUTT	I OF	
100. LUNAL OCCUPATION (cite bladed weak consistory) 100. KIND OF BUSINESS OR IN- Columnity 100. KIND OR I		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specity)		9. AGE (In years) if thems last birthday) Months	I YEAR P DIEDER H HITS.
ADDRESS ADDR					12 CITIZEN OF WILLY
Unknown S. WAS DECEASED EVER IN U. S. ARMED FORCES INC. OR DECEASED EVER IN U. S. ARMED FORCES INC. OR DECEASED EVER IN U. S. ARMED FORCES INC. OR DECEASED EVER IN U. S. ARMED FORCES INC. OR DECEASED EVER IN U. S. ARMED FORCES INC. OR DECEASED EVER IN U. S. ARMED FORCES INC. OR DECEASED EVER IN U. S. ARMED FORCES INC. OR DECEASED EVER IN U. S. ARMED FORCES INC. OR DECEASED EVER IN U. S. ARMED FORCES INC. OR DECEASED EVER IN U. S. ARMED FORCES INC. OR DECEASED EVER IN U. S. ARMED FORCES INC. OR DECEASED EVER IN U. S. ARMED FORCES IN DIRECTLY LEADING TO DEATH* (a) PROJUCT EVER IN U. S. ARMED FORCES INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH INTERVAL BETWEEN ONSET AND DEATH INTERVAL BETWEEN ONSET AND DEATH	done during most of working life, even if retired)	DUSTRY		and sometry)	COUNTRY
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1009 17. INFORMANT'S SIGNATURE OR NAME ROPESS MEDICAL CERTIFICATION DIRECTLY LEADING TO DEATH* (a) PLANTING OF ORDER MEDICAL CERTIFICATION DIRECTLY LEADING TO DEATH* (a) PLANTING OF ORDER MODICAL CERTIFICATION DIRECTLY LEADING TO DEATH* (a) PLANTING OF ORDER MODICAL CERTIFICATION DIRECTLY LEADING TO DEATH* (b) LINEARY AND DEATH* ONSET AND DEATH ON	3a. FATHER'S NAME	136. MOTHER'S MAIDEN	NAME 14.	NAME OF HUSBAND OR WIF	E
NO. 100 NO. 10					
NONE NONE George Sutt 3449 S. 2nd Street St. Louis Medical Directionly one course for interval between the for (a), (b), and (c)			17. INFORMANT'S S	GNATURE OR NAME	ADDRESS
Enter only one course per line for (a), (b), and (c) This does not mean the mode of spring, such as heart failure, authenia, the 1 in means the district of the above cause (a) stating The mode of spring, such as heart failure, authenia, the 1 in means the district of the above cause (a) stating The mode of spring, such as heart failure, authenia, the 1 in means the district of the above cause (a) stating The mode of spring, such as heart failure, authenia, the 1 in means the district of the death but not consistent which caused death. DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not conditions contributing to the death but not credition availing death. Conditions contributing to the death but not credition availing death. To the contributing to the death but not credition availing death. Conditions contributing to the death but not credition availing death. Conditions contributing to the death but not credition availing death. Conditions contributing to the death but not credition availing death. To the contributing to the death but not credition availing death. Conditions contributing to the death but not credition availing death. Conditions contributing to the death but not credition availing death. To the contributing to the death but not credition availing death. To the contributing to the death but not credition availing death. To the contributing to the death but not credition availing death. To the contributing to the death but not credition availing death. To the contributing to the death but not credition availing death. To the contributing to the death but not credition availing death. To the contributing to the death but not credition availing death. To the contributing to the death but not credition availing death. To the contributing to the death but not credition availing death. To the contributing to the death but not credition availing death. To the contributing to the death but not credition availing death. To the contribution c			George Sutt 344	9 S. 2nd Street	St. Louis Mo
DUE TO (c) PAGE DUE TO (c) PAGE DUE TO (c) DUE TO (c) PAGE DUE TO (c) PAGE DUE TO (c) DUE TO	Enter only one cause per line for (a), (b), and (c) *This does not mean ANTECEDENT C	CONDITION DING TO DEATH*(a) Rupter	ne of aorta		ONSET AND DEATH
DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pa. DATE OF OPERA- TION 19b. MAJOR FINDINGS OF OPERATION 1a. ACCIDENT SUICIDE HOMICIDE 1d. TIME (Month) (Day) (Year) (Hour) PINJURY 21b. PLACE OF INJURY (e.g., in or about) WHILE AT WORK 21f. HOW DID INJURY OCCUR? WHILE AT WORK 21f. HOW DID INJURY OCCUR? 10. If reby certify that I attended the deceased from 1 - / 9	te mode of dying, such s heart fallure, asthenia, the Morbid condition rise to the above the underlying or	ns, if any, giving DUE TO (b)course (a) stating nuse last.	eserling and	urum_	
Conditions contributing to the death but not related to the disease or condition causing death. Sa. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 11a. ACCIDENT SUICIDE HOMICIDE 11d. TIME (Mosth) (Day) (Year) (Hour) INJURY 121b. PLACE OF INJURY (o.g., in or about bidg., see) 121c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 121c. TIME (Mosth) (Day) (Year) (Hour) 121c. INJURY OCCURRED 121d. TIME (Mosth) (Day) (Year) (Hour) (Hour) (State) 121d. Time (Mosth) (Day) (Year) (Hour) (Year) (Township) (State) 121d. Time (Mosth) (Year) (Hour) (Year) (Hour) (Year)	ase, injury, or complica-		<u> </u>		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF O					
21b. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE 11d. TIME (Month) (Day) (Tear) (Hour) 21e. INJURY OCCURRED WHILE AT WORK 21f. HOW DID INJURY OCCUR? 12d. Time (Month) (Day) (Tear) (Hour) 21e. INJURY OCCURRED WHILE AT WORK 21f. HOW DID INJURY OCCUR? 12d. I hereby certify that I attended the deceased from 11-14, 1950, to 11-24, 1950, that I last saw the deceased alive on 11-14, 1952, and that death occurred at 6:45P, m., from the causes and on the date stated above. 12a. SIGNATURE (Degree or title) 23b. ADDRESS 12b. PLACE OF INJURY (e.g., in or about 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	9a. DATE OF OPERA- 19b. MAJOR FIN				
SUICIDE HOMICIDE Id. TIME (Month) (Day) (Year) (Honz) INJURY INJURY 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE MORK NOT WHILE AT WORK 1. 19 50, to 11-24, 19 50, that I last saw the deceased alive on 11-4, 19 50, and that death occurred at 6:45P, m., from the causes and on the date stated above. 3a. SIGNATURE (Degree or title) 3b. ADDRESS As. BURIAL CREMA- 24b. DATE 124c. NAME OF CEMETERY OR CREMATOR! 24d. LOCATION (City, town, or county) 1200 Lemay Ferry Road			l **		
WHILE AT WORK NOT WHILE 2. I hereby certify that I attended the deceased from 11 - 14, 19 50, to 11 - 24, 19 50, that I last saw the deceased alive on 11 - 24, 19 50, and that death occurred at 6:15P. m., from the causes and on the date stated above. Ba. SIGNATURE (Degree or title)	Pla. ACCIDENT (Specify) SUICIDE HOMICIDE		21c. (CITY, TOWN, OR TOWN	ISHIP) (COUNTY)	(STATE)
alive on		WHILE AT NOT WHILE	21f. HOW DID INJURY OCC	JR1	31X
Ca. SIGNATURE (Degree or title) (Degree or title)	2. I hereby certify that I attended alive on//- ~4 19 §	the deceased from 11-19 and that death occurred at 1			
24a. BURIAL. CREMA 24b. DATE 24c. NAME OF CEMETERY OR CREMATOR 24d. LOCATION (City, town, or county) (State) TION, REMOVAL (Spenty) Burial () Nov. 27. 1950 Mt. Hope Cemetery I200 Lemay Ferry Road		 		. 4	
Burial // Nov.27.1950 Mt. Hope Cemetery I200 Lemay Ferry Road		M.D	16 Hampton	Islage Plaga	11-25-50
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JULY 27 MERGEG. C. HOTTMEISTER S. SIGNATURE C. HOTTMEISTER V. C. D. CO. D. C. D.					
	24a. BURIAL, CREMA- 24b. DATE	<i>U</i> . 1	etery I2	00 Lemay Ferry F	load
(Licensed Embalmer's Statement on Reverse Side)	24a. BURIAL. CREMA 24b. DATE TION, REMOVAL (Speatty) Burial // Nov.27	1950 Mt. Hope Ceme	etery I2	00 Lemay Ferry F	load

THE DIVISION OF HEALTH OF MISSOURI

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse	side of this certificate was embalmed by me, or by
vorking under my personal supervision.	Student Embalmer No

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.